[xxi] See H. Tristram Engelhardt, Jr., `The disease of masturbation', Bulletin of the History of Medicine 48 (1974), 234-48. He suggests that doctors like Workman associated masturbation with the symptoms of other diseases as part of a general effort `to correlate a vast number of signs and symptoms with a disapproved activity found in many patients afflicted with various maladies' (246). Workman's `On latent phthisis in the insane', American Journal of Insanity 19 (1862), 1-10, contains an earlier version of this colourful passage from Workman's report for 1871: `They cough not, expectorate not, sweat not, have no blood-spittings, no colliquative diarrhoeas, no pleuritic pains, and assuredly none of that mental brilliancy, insane hope, and indomitable restlessness so usually met with in ordinary consumptives' (1871, 24). That what first appeared in an argument for more post-mortem research into the connection of chronic insanity to bodily ailments like tuberculosis, now appears in a piece warning against the hazards of moral pestilence, or that the same passage applied to latent consumptives could be applied to secret masturbators, indicates the contingent nature of Workman's constructions. In `On Latent Phthisis' Workman's confidence in physical pathology could not have been greater: `When we lay open the thorax, and introduce the hand to grasp the lobe of the lungs, we may discover, in an instant, the important secret' (8). At the same time his confidence in the ability of moral therapy to effect a cure seems diminished. He argues that, once the connection between `incurable bodily disease' and insanity were established, not only would the prognosis of insanity be more accurate, but the unreasonable expectations imposed on Asylum doctors would be correspondingly reduced. The Asylum could then get on with the care of the chronic insane, `its real duty ... the happiness and well being of the insane ... to the largest possible measure' (10). See also Workman's `Cases of fracture of the ribs in insane patients, revealed by post-mortem examination', American Journal of Insanity 18 (1862), 349-55. This appears to express a similar fascination with the connection between insanity and the `most formidable disease', a connection previously obscured by the apparent `immunity' of the insane themselves to pain and other symptoms associated with their disorders. `On certain abdominal lesions in the insane', American Journal of Insanity 20 (1863), 44-60, attempts to articulate the same connection, through the intestines: `Deflection of the colon, in the insane, never exists as an isolated pathological fact .... It is however, very doubtful if it is ever present in curable insanity' (57). While his pieces might appear scattered and trifling, their motive is probably otherwise: the desire to extenuate the Asylum, and indeed to reassert its utility in the light of the increasingly obvious failure of moral therapy. Associating insanity with a synthesised plague of consumption and masturbation seems to provide Workman with both a pathological excuse for the increasingly obvious failure of moral therapy and a reason for its continuation in a different form: the alienist as public moralist.

[xxii] Dr. Joseph Workman, "Case of moral mania?," American Journal of Insanity 19 (1863): 406-16.

[xxiii] See Hannah Franziska Augstein, `J.C. Prichard's concept of moral insanity -- a medical theory of the corruption of human nature', Medical History 40 (1996), 311-43. According to Augstein, the concept was formulated for the first time by Prichard in 1833. In his formulation the highest mental faculty, judgment, was not directly affected by the brain, while lower faculties like emtions and understanding were affected by the entire body. Moral insanity was a disorder of the passions brought on by the moral depravity, the irreligion, of the age, and which medicine alone could not cure. Later doctors tended to emphasize the `somatic' aspects of Prichard's concept without its religious underpinnings, even synthesizing it with popular ideas about heredity. Workman himself later seems more interested in the hereditary aspects of K.S.'s moral insanity than in its immaterial origins.

[xxiv] Workman observes that `it is difficult in contemplating the cerebral Fort Sumpter, to avoid the suspicion that some naughty Jeff. Davis was at the bottom of the row' (`Case of Moral Mania?', 412).

[xxv] Kate Storror, Admission Order #2625 (December 14, 1861), Ministry of Health, Queen Street Mental Health Centre Records, RG 10-20-B-1, Archives of Ontario. Storror's `Form of Admission of a Patient' indicates `destructiveness -- thieving -- sullen' under `propensities and delusions'.